

**Information to Write on Order Requisitions or Tube Label to go to Department of Laboratory Med**

<b>CRIS test name</b>	<b>Print order requisition with following information or write needed information on order requisition; send to</b>	7/ 21/ 04
<b>NO BAR CODE Label- Specimens sent to the lab with label other than Bar Code Label (e.g.Admissions label)</b>	<b>Order Requisition must always accompany specimen</b>	
<b>DRUGS</b>		
Acetaminophen	Time of draw	This information must be written and sent with drug test order requisitions. If this information is missing, the test will be performed and a result comment attached to notify physician that additional information (dose, route, time) may be required for proper result interpretation.
Amikacin	Time, date, route of dose; time of draw; start-stop times of IV dose	
Carbamazepine	Time, date, route of dose; time of draw	
Cyclosporin	Time, date, route of dose; time of draw	
Digoxin	Time, date, route of dose; time of draw	
Gentamicin	Time, date, route of dose; time of draw; start-stop times of IV dose	
Lithium	Time, date, route of dose; time of draw	
Methotrexate	Time, date, route of dose; time of draw, start-stop times of IV dose	
Phenobarbitol	Time, date, route of dose; time of draw	
Phenytoin	Time, date, route of dose; time of draw	
Tacrolimus	Time, date, route of dose; time of draw	
Tobramycin	Time, date, route of dose; time of draw, start-stop times of IV dose	
Valproic Acid	Time, date, route of dose; time of draw	
Vancomycin	Time, date, route of dose; time of draw; start-stop times of IV dose	
Sirolimus	Dose, Time and date of last dose, time of draw	
Itraconazole	Pre, Post, or Random; Time and date of draw, infusion start/stop time, any antimicrobials	<b>Write on Label:</b> Pre or Post or Random (the same test must be ordered separately for Pre, Post, Random)
Flucytosine	Pre, Post, or Random; Time and date of draw, infusion start/stop time, any antimicrobials	<b>Write on Label:</b> Pre or Post or Random (the same test must be ordered separately for Pre, Post, Random)
Sulfamethoxazole	Pre, Post or Random; Time and date of draw, infusion start/stop, dose	<b>Write on Label:</b> Pre or Post or Random (the same test must be ordered separately for Pre, Post, Random)
Sulfonamides	Pre, Post or Random; Time and date of draw, dose, type of Sulfonamide	<b>Write on Label:</b> Pre or Post or Random (the same test must be ordered separately for Pre, Post, Random)
Sulfadiazine	Pre, Post or Random; Time and date of draw, dose, type of Sulfa drug	<b>Write on Label:</b> Pre or Post or Random (the same test must be ordered separately for Pre, Post, Random)

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<b>BLOOD GASES</b>		
Blood Gas, Art.	FIO2, temperature	
Cooximeter Panel, Art.	FIO2, temperature	
Chem2,WB,Art.	FIO2, temperature	
Chem2,WB,Art,OR	FIO2, temperature	
Blood Gas, Ven.	Temperature	
Cooximeter Panel, Ven.	Temperature	
Chem2,WB,Ven.	Temperature	
Chem2,WB,Ven,OR	Temperature	
<b>Microbiology Specimens</b>	<b>Send order requisitions for all Microbiology specimens</b>	
<b>MISCELLANEOUS</b>		
24 hour Urine Tests	If Aliquot, Total volume of collection; date and time of collection	
A.M. list draws combined with later timed draw order		Send any extra bar code labels with the specimen
Amino Acid Quant, 1-5, Serum	List up to 5 specific Amino Acids to be tested	
Anti-Tetanicococcal Ab, Anti-Diphtheria, Haemophilus influenza B, Tetanus, Meningococcal	Pre, Post or Random	<b>Write on Label:</b> Pre or Post or Random (the same test must be ordered separately for Pre, Post, Random)
Anti Xa Low Molecular Weight Heparin		<b>Write on Label:</b> Time of the draw post injection
Body Fluid Tests	Type of body fluid	
Bone Marrow Analysis	Contains required patient information	
Chemo Differentials		<b>Mark Label</b> with Red dot
CSF specimens		<b>Write on Label:</b> Number of tube drawn
Indinavir, If patient is on		<b>Write on Label:</b> INDINAVIR
Mail in specimens	Date of Specimen Collection	<b>Write on Label:</b> "MI" or mail in
N-Methylhistamine, Ur	Indicate if Pt is on antihistamines. Volume if 24 hr collection	
Ntx-Telopeptides, Ur	Indicate if 24hr collection or random (must be other than 1st AM void).	
Organic Acids, Ur	Indicate suspected organic acids	
Research Blood, Urine,Other	Print requisition, send to performing lab	<b>Write on Label:</b> Collection time if required
Sendout Tests, "OTHER"	Name of approved Test	
Serial Tests	Write date of collection; Send Test requisition that includes specimen collection times; indicate time points variances	Send empty tube if time skipped (blood not drawn for that time point); send unused labels at end of sequence or empty tubes if already labeled.
Timed test		<b>Write on Label:</b> Time of draw
WBC STR Profile	Donor and recipient names	
Xylose-5gm dose, 5hr,ur	Dose and Time given, time drawn	
Xylose-25gm dose, 5hr,ur	Dose and Time given, time drawn	

